



OTTAWA-CARLETON  
DISTRICT SCHOOL BOARD

## OCDSB 639: Overnight Pre-trip Approval Plan

Trip Title:	Date Submitted:
School:	Number of school days affected:
Purpose of Field Trip/Subject/Extra-curricular:	Accommodations:  Hotel, hostel, school dormitory or other accommodation as a group Billeting with informed consent  Contact Information:
<b>Tour Organizer</b>	
<p style="text-align: center;">Departure</p> Date: Time: Via: To:	<p style="text-align: center;">Return</p> Date: Time: Via: To:
Proposed travel route/additional destinations:	
<b>In case of late return or other inquiries</b>	
Contact:	Phone:
Learning Activities (provide specific details, including time blocks):	

<p><b>Supervision</b></p> <p>Supervisor Names:</p> <p>Supervisor Responsibilities:</p> <p>Number of students:</p> <p>Number of staff:</p> <p>Number of volunteers:</p> <p>Ratio:            Grade:</p>	<p><b>Expenditures</b></p> <p>Transportation: \$</p> <p>Accommodations: \$</p> <p>Meals: \$</p> <p>Rentals: \$</p> <p>Admission: \$</p> <p>Other:</p> <p>Other Total: \$</p> <p>Total: \$</p>	<p><b>Revenues</b></p> <p>Student Levy: \$</p> <p>Fundraising: \$</p> <p>Board Support: \$</p> <p>Other:</p> <p>Other Total: \$</p> <p>Total: \$</p>												
<p><b>Athletics Information</b></p>														
<p>Sport/Team:</p> <p><b>Coaches</b></p> <table data-bbox="186 1129 1388 1444"> <tr> <td>Name</td> <td>Teacher</td> </tr> <tr> <td></td> <td>Non-Teacher</td> </tr> <tr> <td>Name</td> <td>Teacher</td> </tr> <tr> <td></td> <td>Non-Teacher</td> </tr> <tr> <td>Name</td> <td>Teacher</td> </tr> <tr> <td></td> <td>Non-Teacher</td> </tr> </table>			Name	Teacher		Non-Teacher	Name	Teacher		Non-Teacher	Name	Teacher		Non-Teacher
Name	Teacher													
	Non-Teacher													
Name	Teacher													
	Non-Teacher													
Name	Teacher													
	Non-Teacher													
<p><b>Description</b></p> <p>Season:</p> <p>From:</p> <p>To:</p>	<p>Details (practices, league competitions/meets, tournaments, other):</p>													

**Risk Assessment**

OSBIE Risk Rating:

Activity:

Risk:

Mitigating Strategy:

**Regular School Program**

Coverage Arrangements for teachers on trip:

Program for students who will remain in regular school program:

Arrangements for students who miss regular classes due to trip participation:

Submitted By:

Signature: \_\_\_\_\_

Date:

Principal:

Signature: \_\_\_\_\_

Date:

Superintendent:

Signature: \_\_\_\_\_

Date: